

| | | | | | | | | | | | | |
|--|---|----------------------------|----------------------------------|---|------------------------------------|----------|-------------------------------------|----------|--|------------|--|------------|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number 2503-1186 | | | | | | | | | | |
| Applicant(s): Ezio BOMBARDELLI | | Conf.: 5416 | | | | | | | | | | |
| Application #: 10/562,205 | | Filed: May 15, 2006 | | | | | | | | | | |
| Title: FORMULATIONS FOR THE TREATMENT OF ARTHRITIS CONDITIONS | | | | | | | | | | | | |
| Group Art Unit: 1655 | | Examiner: Catheryne Chen | | | | | | | | | | |
| <p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated November 19, 2009 rejecting the following claims: 1-5, 7-8.</p> <p>The fee for this Notice of Appeal is: \$540.00</p> <p>If I have checked one of the boxes below, then this is also a petition for an extension of time under 37 CFR 1.136(a) to reply to the rejection:</p> <table> <tr> <td>Extension of time requested for:</td> <td>Non-small entity fee for extension of time:</td> </tr> <tr> <td><input type="checkbox"/> - 1 Month</td> <td>\$130.00</td> </tr> <tr> <td><input type="checkbox"/> - 2 Months</td> <td>\$490.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> - 3 Months</td> <td>\$1,110.00</td> </tr> <tr> <td><input type="checkbox"/> - 4 Months (if available)</td> <td>\$1,730.00</td> </tr> </table> <p>The fee for any extension of time is: \$1,110.00</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The required extension of time fee is being paid simultaneously herewith by credit card, but no fee is paid for the Notice of Appeal because appeal and brief fees were paid in this case in 2008.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees, deficiency, or credit any overpayment which may be required, to our credit card or Deposit Account No. 25-0120.</p> <p style="text-align: right;">Respectfully submitted,</p> <p style="text-align: right;">YOUNG & THOMPSON</p> <p style="text-align: right;">_____ /Robert A. Madsen/ Robert A. Madsen, Reg. No. 58,543 209 Madison Street, Suite 500 Alexandria, VA 22314 Telephone (703) 521-2297 Telefax (703) 685-0573 (703) 979-4709</p> <p>RAM/fb May 19, 2010</p> | | | Extension of time requested for: | Non-small entity fee for extension of time: | <input type="checkbox"/> - 1 Month | \$130.00 | <input type="checkbox"/> - 2 Months | \$490.00 | <input checked="" type="checkbox"/> - 3 Months | \$1,110.00 | <input type="checkbox"/> - 4 Months (if available) | \$1,730.00 |
| Extension of time requested for: | Non-small entity fee for extension of time: | | | | | | | | | | | |
| <input type="checkbox"/> - 1 Month | \$130.00 | | | | | | | | | | | |
| <input type="checkbox"/> - 2 Months | \$490.00 | | | | | | | | | | | |
| <input checked="" type="checkbox"/> - 3 Months | \$1,110.00 | | | | | | | | | | | |
| <input type="checkbox"/> - 4 Months (if available) | \$1,730.00 | | | | | | | | | | | |